

# PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** **Mail Stop ISSUE FEE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
**or Fax** **(571)-273-2885**

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated (unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notification.

(CURRENT CORRESPONDENCE ADDRESS (Use Block 1 to any change of address):

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or bying facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Depositor's name
Signature
Date

APPLICATION NO	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY, COUNSEL OR AGENT	CONFIRMATION NO
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41546

7550

05/03/2010

Andreas M. Pappas

YH/AQ/AE

8910

TITLE OF INVENTION: AQUEOUS EMULSIONS OF LIPOPHILE SOLUBILIZED WITH VITAMIN E TPCBS AND LINOLEIC ACID

APPL. TYPE	SMALL ENTITY	ISSUE FEE DATE	PUBLICATION FEE DATE	PAID PAID ISSUE FEE	TOTAL FEES DATE	DATE PAID
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nonprovisional

YES

\$755

\$300

\$0

\$1055

08/03/2010

EXAMINER	ART UNIT	CLASS SUBCLASS
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SILVERMAN, ERIC E

1618

424-400000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.303).

☐ Change of correspondence address for Change of Correspondence Address form PTO/SB/122 attached.

☐ "Fee Address" indication for "Fee Address" Indication form PTO/SB/47, Rev 03-02, or more recently attached. Use of a **Customer Number** is required.

2. Fee printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys

or agents OR, alternatively,

(2) the name of a single firm having as a member a

registered attorney or agent; and the names of up to

2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE:

(B) RESIDENCE, (CITY AND STATE OR COUNTRY)

YASOO HEALTH, INC.

JOHNSON CITY, TN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Co-inventors

4a. The following fee(s) are submitted:

☒ Issue Fee

☐ Publication Fee (No small entity discount permitted);

☐ Advance Order - # of Copies

4b. Payment of Fee(s): (Please first reupply any previously paid issue fee shown above)

☐ A check is enclosed.

☒ Payment by credit card. Form 440-2018 is attached. EFS

☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(7).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Donna Russell

Date

Aug 3, 2010

Typed or printed name

DONNA RUSSELL

Registration No

46,252

The collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to be used by the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 422 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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